



April 17, 2020

Web Announcement 2176

Prior Authorization Removed from Magnetic Resonance Imaging (MRI) Codes 77046, 77047, 77048 and 77049

Update to information in Web Announcements [1962](#) and [2080](#): When the prior authorization (PA) requirement was removed from all medically necessary Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Magnetic Resonance Spectroscopy (MRS) and Positron Emission Tomography (PET) scans on September 1, 2019, the following Current Procedural Terminology (CPT) codes were inadvertently not included in the removal process:

Procedure Code	Code Description
77046	MRI, breast without contrast, unilateral
77047	MRI, breast, without contrast, bilateral
77048	MRI, breast, with and without contrast, unilateral
77049	MRI, breast, with and without contrast, bilateral

The provider types (PT) impacted by this change include, but are not limited to: 12 (Hospital, Outpatient), 17 (Special Clinics) specialty 198 (Human Immunodeficiency Virus - HIV), 20 (Physician, M.D., Osteopath, D.O.), 22 (Dentist), 24 (Advanced Practice Registered Nurse), 27 (Radiology and Non-Invasive Diagnostic Centers) and 77 (Physician's Assistant).

The PA requirement is being removed from codes 77046, 77047, 77048 and 77049 in the Medicaid Management Information System (MMIS) retroactive to claims with dates of service on or after September 1, 2019. Effective with dates of service on or after April 27, 2020, claims for the above four codes will no longer deny if a prior authorization is not present.

Claims for procedure codes 77046, 77047, 77048 and 77049 with dates of service on or after September 1, 2019, through April 27, 2020, that do not have a PA and denied in error will be automatically reprocessed. A future web announcement will notify providers when the claims are reprocessed.